

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013017

FILED
Apr 16, 2008
Secretary of State

Entity Name: CORAL GABLES PALM RESTAURANT, LLC

Current Principal Place of Business:

4425 PONCE DE LEON BLVD
#140
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

C/O PALM MANAGEMENT CORPORATION
1730 RHODE ISLAND AVE. NW, STE. 900
WASHINGTON, DC 200363101

New Mailing Address:

FEI Number: 01-0639169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GANZI, WALTER J JR.
Address: 8171 BAY COLONY DRIVE #1902
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: BOZZI, BRUCE E
Address: 2161 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR () Delete
Name: LONGO, JAMES A
Address: 410 S WEST
City-St-Zip: FALLS CHURCH, VA 22046

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES A LONGO

MGR

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date